



COPY OF PAPERS  
ORIGINALLY FILED

1614 #12

Please type a plus (+) inside this box ☐

PTO/SB/21 (08-00)  
Approved for use through 10/31/02. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> APR 22 2002 <small>(To be used for correspondence after initial filing)</small>	<b>Application Number</b>	09/870,089	
	<b>Filing Date</b>	May 30, 2001	
	<b>First Named Inventor</b>	Charles A. NICOLETTE	
	<b>Group Art Unit</b>	1614	
	<b>Examiner Name</b>	Not Yet Assigned	
<b>Total Number Of Pages In This Submission</b>	4	<b>Attorney Docket No.</b>	GZ 2099.00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3 References, return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement w/Form PTO-1449	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**RECEIVED**  
APR 25 2002  
TECH CENTER 1600/2900

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Antoinette F. Konski McCutchen Doyle Brown & Enersen LLP Three Embarcadero Center, Suite 1800 San Francisco, California 94111-4067
Signature	
Date	April 11, 2002
<b>CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"</b> I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Box IDS, Washington, DC 20231 on this date: <u>April 11, 2002</u> By: <u>Peggy Nichols</u> Name of person signing: Peggy Nichols	

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.